

8/07

## SUBSIDIZED ADOPTION ELIGIBILITY DETERMINATION

### IV-E Eligibility for State Foster Child Adoption

*A child's eligibility for Title IV-E adoption assistance should be documented prior to completion of the adoption assistance agreement and finalization of the adoption.*

Foster Child's Name \_\_\_\_\_ Case ID # \_\_\_\_\_

Child's Name When Adopted (if known) \_\_\_\_\_

#### **Part A: Background Screening Requirements**

1. Have FBI national criminal history record checks been completed for all adults living in the prospective adoptive home and is there an approved result from those checks?

\_\_\_ Yes Go to question A2

Clearance date \_\_\_\_\_

\_\_\_ No STOP. Child is not eligible for Adoption Assistance. Go to Part C.

\_\_\_ NA Petition for adoption was filed prior to April 1, 2007. Go to question A2.

Petition date \_\_\_\_\_

2. If any prospective adoptive parent or adult living in the adoptive home has lived outside of their state of residence in the five years prior to the date of the adoptive placement, has a child abuse and neglect registry check been completed for each state in which they resided and is there an approved result from those checks?

\_\_\_ Yes Go to Part B.

Clearance date \_\_\_\_\_

\_\_\_ No STOP. Child is not eligible for Adoption Assistance. Go to Part C.

\_\_\_ NA Adoptive family has not lived outside of their state of residence within the 5 years prior to the adoptive placement. Go to Part B.

\_\_\_ NA Petition for adoption was filed prior to April 1, 2007. Go to Part B.

Petition date \_\_\_\_\_

#### **Part B: Eligibility Factors for Foster Child**

1. Is the child under age 18 and a U.S. citizen or qualified alien?

\_\_\_ Yes Go to question B2.

\_\_\_ No STOP. Child is not IV-E eligible for adoption assistance. Go to Part C.

2. Is the child currently receiving SSI or has the child been determined eligible for SSI?

☐ Yes Go to Part C.

☐ No Go to question B3.

3. Was the child eligible for IV-E adoption assistance in a previous adoption that was terminated through death or termination of rights of the adoptive parents?

☐ Yes Go to Part C.

☐ No Go to question B4.

4. When the child entered foster care for this custody episode, was the child initially determined IV-E eligible?

☐ Yes Go to B5.

☐ No STOP. Child is not IV-E eligible for adoption assistance. Go to Part C.

5. Did the child enter foster care through a judicial determination?

☐ Yes Go to Part C.

☐ No Go to B6.

6. Did the child enter care through a voluntary placement agreement?

☐ Yes Was a Title IV-E maintenance payment made for the child?

☐ Yes Go to Part C.

☐ No STOP. Child is not IV-E eligible for adoption assistance. Go to Part C.

☐ No Go to B7.

7. Did the child enter care through an up-front relinquishment to DCFS?

☐ Yes Was there a judicial determination within six months that it was in the child's best interest to be placed in DCFS custody (not merely sanctioning the relinquishment)?

☐ Yes Go to Part C.

☐ No STOP. Child is not IV-E eligible for adoption assistance. Go to Part C.

☐ No STOP. Child is not IV-E eligible for adoption assistance. Go to Part C.

**Part C: Review Findings for Adoption Assistance**

***Background Screening Requirements***

\_\_\_\_\_ The adoptive family has met the necessary background screening requirements.

\_\_\_\_\_ The background screening requirements do not apply.

***Title IV-E Eligible for Adoption Assistance***

\_\_\_\_\_ The child meets Title IV-E eligibility criteria for the purpose of adoption assistance.

*If the child otherwise qualifies for adoption assistance, the child's monthly subsidy and Medicaid are Title IV-E.*

***Not Title IV-E Eligible for Adoption Assistance/State Eligibility Only/Medicaid Coverage***

\_\_\_\_\_ The child does **not** meet the eligibility criteria for Title IV-E for the purpose of adoption assistance.

Provide reason:

*If the child otherwise qualifies for adoption assistance, the child's monthly subsidy and Medicaid must be provided as a state subsidy.*

***Subsidized Adoption Medicaid Eligibility***

\_\_\_\_\_ The child qualifies for Medicaid as a U.S. citizen by birth.

\_\_\_\_\_ The child qualifies for Medicaid as a naturalized U.S. citizen by finalization of an adoption to parents who are U.S. citizens.

***Notes:***

**Eligibility Worker's Signature:**

**Date:** \_\_\_\_\_